

The Federal FSA Program

Electronic Funds Transfer (EFT)



How to Enroll

FSAFEDS is proud to present Electronic Funds Transfer (EFT), a simple solution for you to expedite your claim payments. With EFT, you can begin receiving your claim payments within a few days after your claim is processed. Please read the following information prior to completing the EFT Form. If you have questions, please call 1-877-FSAFEDS (372-3337).

EFT Account Setup

Once account information is received, we record, validate, and update each EFT participant's record with the routing number and account number. The file is then put into a "pre-note" status for a period of 10 days. Pre-noting an account is the process of forwarding a zero payment transmission to the account to verify the accuracy of the account information. If the transmission is not rejected within the 10-day period, the information is considered accurate. Once the pre-note period expires, all claim payments will be issued via EFT.

Payment Notification

Without the use of EFT, checks are attached to an Explanation of Benefits (EOB) detailing the claim payment. The use of EFT claim payments may or may not result in receipt of an EOB. The following details the notification process with EFT:

- Total Expense Paid – A paper EOB will not be issued. If SHPS has your email address on file, an electronic EOB will be emailed to you. Additionally, your bank statement will reflect the EFT deposit. You can also access FSAFEDS.com for claim payment and balance information.
- Partial Payment – An EOB is issued detailing the reason for partial payments. FSAFEDS.com can be accessed to determine method of payment. If SHPS has your email address on file, an electronic EOB will be emailed to you.
- Full Denial – An EOB is issued detailing the reason for claim denial. If SHPS has your email address on file, an electronic EOB will be emailed to you. You can also access your account via FSAFEDS.com to obtain information regarding the claim determination.

How to Complete the EFT Form

- Provide all personal information, including your Social Security Number, in the corresponding section. To begin receiving your account reimbursement statements via email, you must provide your email address.
- **Section A** must be completed for processing. Enter the banking information from your check in accordance with the example.
- Select the account type: Checking or Savings (Check one box only.)
- Sign in the Employee Authorization section where indicated, as processing cannot begin without a signed form.
- Validate all information and mail the completed and signed EFT Form to the address provided.

The Federal FSA Program

FSAFEDS Program • PO Box 36880 • Louisville, KY 40233-6880 • www.fsafeds.com

The FSAFEDS Program Electronic Funds Transfer Agreement for Pre-Authorized Payment

PLEASE TYPE INFORMATION BELOW OR PRINT CAREFULLY IN CAPITAL LETTERS USING A BLACK INK PEN.

EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	MI	DATE OF BIRTH
SOCIAL SECURITY NUMBER	EMPLOYEE EMAIL ADDRESS*		

*Full payment Explanation of Benefits will not be provided without an email address.

John Benefit 11 Sundry Drive LaLa, CA 84564-001	5365
PAY TO THE ORDER OF _____	\$ _____
FINANCIAL INSTITUTION 456 MAIN STREET HOMETOWN, USA 12345	
FOR _____	
:123456789: :12345678910: 5356	
Transit/ABA Number Account Number Check Number	

SECTION A

Banking Institution Name _____

City _____ ST _____ Zip Code _____

Transit/ABA Number _____

Banking Account Number _____

EMPLOYEE AUTHORIZATION

I authorize SHPS, Inc. to initiate credit entries, electronically or by any other commercially accepted methods, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my checking or savings account and First Union to credit and/or debit the same to such account. This authorization will remain in full force and effective until written notification has been received by SHPS, Inc. After such notification, I will allow reasonable time for SHPS, Inc. to adjust my records accordingly.

EMPLOYEE SIGNATURE

DATE

**SECTION A must be completed to initiate processing.
Incomplete forms will be returned.**

ACCOUNT TYPE (Select only one.)

Checking Savings

Please mail completed forms to:

FSAFEDS Program
PO Box 36880
Louisville, KY 40233-6880